

# Summerlin North MOMS Club of Las Vegas

## Membership Information

Dues \_\_\_\_\_ (\$25/yr)  
Roster \_\_\_\_\_  
Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
Zip \_\_\_\_\_  
Husband's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Email \_\_\_\_\_  
Children's Names and Birthdates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Do/Did you work for pay or volunteer? What do/did you do? (Please circle selection)  
\_\_\_\_\_  
\_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Have you ever been in a MOMS Club before? \_\_\_ Yes \_\_\_ No If so, where? \_\_\_\_\_  
Hobbies or special interests? \_\_\_\_\_  
Are you interested in a playgroup? \_\_\_ Yes \_\_\_ No  
Are you interested in any volunteer leadership opportunities in the chapter? \_\_\_ Yes \_\_\_ No If so, what? \_\_\_\_\_  
Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Summerlin North MOMS Club of Las Vegas Membership Liability Release Form

I, the undersigned, understand that my participation and the participation of any members of my family in any MOMS Club function or program are completely voluntary and I hereby give permission for myself and my family to join those functions or programs. My family shall hold harmless this local MOMS Club, the MOMS Club Corporation, any MOMS Club volunteers or representatives and/or the providers of any function or program location and/or materials from any liability and/or accident, illness, injury, that occurs during or as a result of any function or program. I accept that the final responsibility for my safety and that of my family sets with me.

Member name  
(Print) \_\_\_\_\_  
Member's Signature \_\_\_\_\_  
Date \_\_\_\_\_

**E-Mail to:**  
**Alisa J. Koot**  
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